
The Maternal and Antenatal Telehealth Service (MATES)

Initiative Type

Model of Care

Status

Sustained

Added

05 February 2019

Last updated

18 November 2019

URL

<https://test.clinicalexcellence.qld.gov.au/improvement-exchange/maternal-and-antenatal-telehealth-service-mates>

Summary

The project has been designed to achieve open and ongoing communication with Emerald Antenatal services, the provision of care closer to home for Antenatal patients, patient inclusion in transfer of care decision making, patient participation in delivery date arrangements, and reduction of unnecessary trips for patients across the Central Queensland HHS.

Key dates

Sep 2017

Jun 2018

Implementation sites

Rockhampton and Emerald Hospitals

Partnerships

Clinical Excellence Queensland's Telehealth Support Unit, CQHHS (Rockhampton and Emerald Hospitals)

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Aim

The project aimed to provide antenatal and obstetric care closer to home by providing a telehealth service, initially for patients residing in Emerald, with planned expansion to other birthing sites in Central Queensland HHS.

Benefits

- Specialist antenatal, obstetric, and maternal care closer to home for patients residing outside of the Rockhampton.
- Women with a high risk pregnancy are not required to travel to the hub birthing centre in the lead up to delivery.
- Peer and collegial support for Midwives and Medical Officers at outreach facilities for co-signature CTG checks, thereby reducing fatigue
- Facilitates antenatal patients staying closer to home for longer with specialist obstetrics support provided from Rockhampton Hospital via the Telehealth Emergency Management Support Unit (TEMSU)

Background

In the 2016/17 FY, 858 antenatal patients traveled to receive antenatal, obstetric and unscheduled maternal care at Rockhampton Hospital. These women traveled up to eight hours to receive antenatal and maternal care. The antenatal clinic reported a "Fail to Attend" (FTA) rate of 10 per cent for non-admitted patient appointments. An opportunity to improve communication across the HHS for the management of this patient cohort via telehealth was identified and funded by a Telehealth Support Unit seed funding grant.

Solutions Implemented

- Scheduled antenatal patients who require specialised input into their care plan who reside outside Rockhampton are seen via telehealth.
- High risk antenatal patients who have been seen by their outreach service and require further management can telehealth with a multidisciplinary team to discuss further care options and possible requirements of birthing at Rockhampton Hospital.
- Unscheduled antenatal and maternity patients presenting to an outreach service who then require further input from Rockhampton Hospital obstetrics Medical Officers/Midwives can be seen via a telehealth consultation facilitated by TEMSU, including CTG monitoring and interpretation.

Evaluation and Results

The FTA rate for the antenatal clinic decreased from 10 per cent in 2016 to 2.82 per cent in 2018 as a result of this project augmented by the commencement of face to face outreach services with Emerald Hospital, with clinicians at Emerald reporting an increase in collegial support. 146 non-admitted telehealth service events between Rockhampton and Emerald Hospitals for antenatal services in CQHHS.

Lessons Learnt

- The project may have achieved additional reported telehealth non-admitted service events for antenatal services if increased midwifery or administration support was allocated to Emerald Hospital.
- An increase in clinical hours workload was required to assist with telehealth appointments.
- Patients and rural facility staff were willing to participate.
- Rockhampton antenatal midwifery and medical staff reported increased awareness of staffing restraints and travel requirements of patients in CQHHS, and the importance of offering different attendance modalities.